

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement On Reverse SidePage 1 of

STD 262 (REV 6/93) (DHS Electronic)

CLAIMANT'S NAME John C. Duncan		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Industrial Relations	
POSITION [REDACTED]		CB/ID NUMBER		INDEX NUMBER	
RESIDENCE ADDRESS [REDACTED]		DIVISION OR BUREAU Director's Office		HEADQUARTERS ADDRESS 455 Golden Gate Avenue, 10th Fl.	
STATE CA		CITY San Francisco,		TELEPHONE NUMBER 415-703-5067	
ZIP CODE [REDACTED]		STATE CA		ZIP CODE 94102	

(1) MONTH/YEAR (2) DATE TIME		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST LUNCH		(6) O.T., L.T., N/C, RELO. OR DINNER	(7) INCIDENT- TALS	(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS PARKING	(D) PRIVATE CAR USE MILES AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
2	0800	Tiburon to Oakland Airport							PC	P	28.00		
	2000	to Costa Mesa, return			2.50					T	4.00	70	38.50
6	0700	Tiburon to Sacramento;							PC	P	20.00	184	101.20
		return								T	4.00		4.00
7	0700	Tiburon to Sacramento;							PC	P	20.00		
	1900	return:								T	4.00	184	101.20
12	1300	San Francisco to							PC	P	20.00		
	1900	Sacramento; to Tiburon								T	4.00	179	98.45
13	0600	Tiburon to Oakland Airport							PC	P	22.00		
	1700	to Burbank, return								T	4.00	74	40.70
14	0700	Tiburon to Sacramento;							PC	P	20.00		
	1900	return								T	4.00	184	101.20
15	0930	San Francisco to Hayward,							PC	P	12.00		
	1500	return								T	4.00	54	29.70
19	1426	San Francisco							PC	P	17.00		
	1913												17.00
20	0803	San Francisco							PC	P	32.00		
	1740												32.00
21	0948	San Francisco							PC	P	15.00		
	1434												15.00
23	0700	Tiburon to Sacramento;							PC	P	10.00		
	1900	return								T	4.00	184	101.20
26	0700	Tiburon to Sacramento;							PC	P	12.00		
	1900	return								T	4.00	184	101.20
28	1400	San Francisco/SFO to							PC	P	20.00		
	1900	Huntington Beach	221.14			11.16						13	7.15
29	0800	Orange Co. to San							PC	P	49.00		
	1800	Francisco to Tiburon								T	4.00	29	15.95
(10) SUBTOTALS			221.14		2.50	11.16					337.00	1339	736.45
COLUMN CODE (ACCTG USE ONLY)													

CLAIM TOTAL

1339 | \$1,308.25

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

10/2: Presentation to the State Assoc. of Electrical Workers. 10/6-7: meetings in Sacramento; worked from Sac DIR office. 10/12: meeting in Sacramento. 10/13: Attended DWC Employee Education Program mtg. 10/14: Meetings in Sacramento; worked from Sac DIR office. 10/15: Present to the Foundation for Fair Contracting Workshop. 10/19-21: Participated in State Compensation Insurance Fund Strategic Planning Board meeting. 10/23: Meeting in Sacramento; worked from Sac DIR office. 10/26: Meeting in Sacramento; worked from Sac DIR office.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

\$0.550

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NO.

(15) I HEREBY CERTIFY That the above statement is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt

CLAIMANT'S SIGNATURE

(16) SIGNATURE OFFICER APPROVING TRAVEL & PAYMENT

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See item 17 in instructions)

DATE